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San Luis Obispo County Medical Society. Meets Third Saturday 7:00 p.m., Anderson Hotel San Luis Obispo.
 Pres., J. B. Smith, 1405 Garden St., San Luis Obispo.
 Secy., Anthony V. Keese, P. O. Box 319, San Luis Obispo.

San Mateo County Medical Society, 122 Second Ave., San Mateo. Meets Third Tuesday of each month.
 Pres., Norman C. Fox, 512 Jenevein Ave., San Bruno.
 Secy., Paul R. Freeman, 2946 Broadway, Redwood City.

Santa Barbara County Medical Society, 300 West Pueblo St., Santa Barbara. Meets Second Monday Cottage Hospital.
 Pres., Richard B. McGovney, 2950 State St., Santa Barbara.
 Secy., Robert I. Cord, 300 W. Pueblo St., Santa Barbara.

Santa Clara County Medical Society, 1024 The Alameda, San Jose 26. Meets Third Monday of every month, except in July and August.
 Pres., Dan Bradovsky, St. Claire Bldg., San Jose.
 Secy., J. Frederic Snyder, 205 Medical Bldg., Campbell.

Santa Cruz County Medical Society. Meets every Second Month, Second Tuesday. Time, place to be announced.
 Pres., Ludwig Selzer, 330 Soquel Ave., Santa Cruz.
 Secy., Samuel B. Randall, 3 Clubhouse Rd., Pasatiempo, Santa Cruz.

Shasta County Medical Society. Meets First Monday.
 Pres., Howard Wells, 1308 Court St., Redding.
 Secy., Roland R. Jantzen, 1726 Market St., Redding.

Siskiyou County Medical Society. Meets Sunday on call.
 Pres., Donald L. Meamber, 750 S. Main St., Yreka.
 Secy., Roy F. Schlappi, 750 S. Main St., Yreka.

Solano County Medical Society. Meets Second Tuesday, 8:00 p.m., at different meeting places.
 Pres., W. R. Hoops, 1727 Sonoma Blvd., Vallejo.
 Secy., George J. Budd, 1004 Marin, Vallejo.

Sonoma County Medical Society, 300 American Trust Bldg., Santa Rosa. Meets second Thursday.
 Pres., Andrew E. Thuesen, 304 American Trust Bldg., Santa Rosa.
 Secy., Frank E. Lones, 304 American Trust Bldg., Santa Rosa.

Stanislaus County Medical Society. Meets Third Tuesday of the month, 7 p.m., Hotel Covell Modesto.
 Pres., E. E. Chouret, 168 S. Third Ave., Oakdale.
 Secy., Robert W. Purvis, 709 18th St., Modesto.

Tehama County Medical Society. Meets at call of President.
 Pres., Charles Milford, 737 Washington St., Red Bluff.
 Secy., I. V. Cooper, 1122 Solano St., Corning.

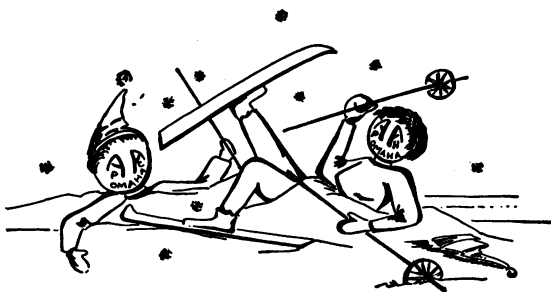
Tulare County Medical Society.
 Pres., Gordon L. Jackson, P. O. Box 177, Terra Bella.
 Secy., C. H. Johnson, 795 N. Cherry, Tulare.

Ventura County Medical Society. Meets Second Tuesday 7:15 p.m., Colonial House, Oxnard.
 Pres., Richard Reynolds, 701 N. A St., Oxnard.
 Secy., F. K. Helbling, 34 N. Ash St., Ventura.

Yolo County Medical Society. Meets First Wednesday.
 Pres., Neil D. Elzey, Woodland Clinic, Woodland.
 Secy., John H. Jones, 218 F St., Davis.

Yuba-Sutter-Colusa County Medical Society. Meets Second Tuesday.
 Pres., James J. Hamilton, 1212 F St., Marysville.
 Secy., Robert I. Hodgkin, 729 D St., Marysville.

(For roster of C.M.A. committees and other organizations, see last month's issue.)



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"Silo-Filler's Disease" Symptoms Described

Farmers have long known that it is dangerous to enter a newly-filled silo, but few realize the full extent of the danger, two Minneapolis physicians stated.

A serious and potentially fatal respiratory disorder, "silo-filler's disease," can result from breathing the gas of fermenting silage, Drs. Thomas Lowry and Leonard M. Schuman said in a recent issue of the *Journal of the American Medical Association*.

They described the newly-identified disease as "any bronchial or pulmonary condition produced by the inhalation of oxides of nitrogen derived from fresh silage." Because it resembles other lung conditions, such as bronchopneumonia, the doctor must know the patient has been exposed to silage fumes before he can make the proper diagnosis.

The authors warned that the possibility of exposure to nitrogen dioxide fumes may increase because of the greater use of commercial chemicals containing nitrogen. These are likely to increase production of nitrogen dioxide in silage.

Prevention of the disease is simple, they said: "Allow no one to enter a silo for any purpose from the time filling begins until seven to 10 days after it is finished." Nitrogen dioxide fumes are produced during this period.

In addition, good ventilation about the base of the silo should be provided during the dangerous period so that gases will be carried away. The area should be fenced to prevent children and animals from straying into it, and a blower fan should always be run before anyone enters a silo.

Even though farmers know it is dangerous to enter a newly filled silo, their actions do not reflect their knowledge, the authors said. Each of four patients seen by the physicians said he knew he was taking a risk when he entered a newly-filled silo. The fact that they were not stopped by the knowledge strongly suggests that their ideas of this "possible" hazard were not definite enough to make them regard the danger as real, the doctors said. They hoped their report will help farmers to regard the hazard more realistically.

The disease in their four patients—two of whom died—followed a similar pattern. Immediately after exposure, cough, difficulty in breathing, a choking sensation and severe weakness occurred. These symptoms remained to some degree for about three weeks when the second phase of the illness began. The symptoms became progressively worse, while chills, fever and blueness of the skin appeared. Eventually bronchiolitis fibrosa obliterans occurred; in this condition the tiny air sacs of the lungs become closed by the ingrowth of the wall tissue.

Antibiotics and other standard treatments for

(Continued on Page 14)

"Silo-Filler's Disease" Symptoms Described

(Continued from Page 10)

respiratory diseases had no effect on the symptoms. Two of the cases were treated successfully with prednisone, a hormone related to hydrocortisone.

Two other reported cases which showed different, but related symptoms suggest that silo-filler's disease is a "continuous spectrum of conditions," they said. The manifestations are likely to differ widely, while severity depends upon the concentration of nitrogen dioxide inhaled and the duration of exposure.

Simple safety measures in the silo will prevent

the inhalation of the gas and therefore prevent the disease, the authors concluded.

Drs. Lowry and Schuman are from the department of internal medicine and the school of public health, University of Minnesota, and the medical service of Northwestern Hospital, Minneapolis.

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108,000 Women Examined in Mass Cancer Survey

A mass cancer-detection program, involving more than 100,000 women, was reported by a group of Tennessee researchers in a recent issue of the *Journal of the American Medical Association*.

Purpose of the program is twofold: To determine the feasibility of the "smear" technique as a method for early detection of cancer of the reproductive organs and to accumulate information about the "natural history" of such cancer.

The Memphis and Shelby County, Tenn., project was set up with the aim of examining all women over the age of 20 in the area and then making three annual reexaminations. Since the program began three and a half years ago over half of the female population—108,000 women—have had one examination, while 33,000 have had two examinations and 8,000 three examinations.

Among the 108,000 women examined once there were 393 intraepithelial carcinomas—a type of growth which is thought to be a forerunner of invasive cancer of the cervix. Of these, 353 or 90 per cent had been unsuspected. This rate is not surprising since such carcinomas normally have no symptoms. There were also 373 invasive cancers of the womb, of which 112 (30 per cent) had been unsuspected. These figures, the authors said, show clearly the value of the smear technique as a method for early cancer detection. This simple procedure consists of taking a specimen of cells for microscopic study.

On the second examination of 33,000 women, 2.2 women per thousand were found to have intraepithelial carcinomas as compared with 3.6 per thousand on the first examination. The rate for cancer of the womb dropped from 3.4 cases per thousand women on the first screening to 0.3 cases per thousand on the second examination. A few of the cases found on the second screening had been missed earlier through error or unsatisfactory smear and the rest were new cases.

The lower rate of uterine cancer and intraepithelial carcinoma in the second screening suggests that the mass-screening approach to the control of uterine cancer can be successful since it finds cancer in the early and still curable stages, they said. However, final conclusions cannot yet be drawn.

The project is a joint effort of the University of Tennessee and the National Cancer Institute. The Memphis and Shelby County Medical Society, the Memphis and Shelby County Health Department and the local units of the American Cancer Society are cooperating in the project.

About half of the smears have been obtained from women visiting their own physicians and the rest from those attending special clinics. The results of

(Continued on Page 26)

108,000 Women Examined in Mass Cancer Survey

(Continued from Page 18)

the examination are reported to the women's personal physicians who perform further tests or give treatment if needed.

The great advantage of the Memphis plan is that even though it is a mass project, the close doctor-patient relationship is maintained for followup diagnostic studies or treatment, the authors said.

The report also said:

The peak incidence of intraepithelial carcinoma is in women from 30 to 34 years of age, while the peak for cancer of the womb is from 50 to 54 years.

Half of the uterine cancers found were in Negroes, who made up one-third of the population surveyed. Two-fifths of the intraepithelial carcinomas found were in Negroes.

Fifty-nine per cent of all cases of uterine cancer and intraepithelial carcinoma were unsuspected. This represents a finding rate of almost five unsuspected cases for every thousand women.

The number of intraepithelial carcinomas diagnosed in the area during the study was four times greater than the number found in the two years preceding the study.

The report was made by Drs. Cyrus C. Erickson, Bennett E. Everett, Jr., Lloyd M. Graves, Raymond F. Kaiser, Richard A. Malmgren, Phil C. Schreier and Douglas H. Sprunt, and Irma Rube, M.S., and Sidney J. Cutler, M.A. They are from the University of Tennessee and the National Cancer Institute.

Indiana Society Honors American Medical Association Officers

American Medical Association President Dwight H. Murray, Vice-President F. S. Crockett, and Past President Roscoe Sensenich were honored by the Indiana State Medical Association at its recent annual meeting in Indianapolis.

All three were awarded honorary memberships at the association's banquet. Only twice before in the history of the Indiana association have honorary memberships been awarded.

Dr. Murray, of Napa, Calif., was born and educated in Indiana; Dr. Crockett, chairman of the American Medical Association Council on Rural Health, lives in Lafayette, Ind., where he has practiced urology since 1905, and Dr. Sensenich, an internist, retired last June after practicing in South Bend, Ind., for 46 years.

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Hamsters Catch Common Cold

For what appears to be the first time, a hamster, a small squirrel-like animal, has caught a common cold, complete with runny nose, wheezing and swollen nostrils.

This makes the hamster the only animal other than the chimpanzee to catch cold in a laboratory situation, according to five Maryland researchers. Investigators have tried to give colds to many other animals, but they all refused to catch them.

What makes the Maryland research important is the fact that chimpanzees are expensive, while hamsters are easily and economically obtained and easy to handle. In fact, they are "ideal" for common cold research, the researchers said in the September *Archives of Pathology*, published by the American Medical Association.

Four strains of cold virus (MR, C, RLR and D) were taken from human beings who had typical colds. The viruses were given to suckling hamsters

(Continued on Page 38)

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Heart Massage Continued As Patient is Moved

An unusual case of successful restoration of heart function after it had stopped suddenly was reported recently by three Cleveland physicians.

Hand massage of the heart and artificial oxygen administration, begun in the hospital ward, were continued for 10 minutes while the patient was moved "through the corridors and up four floors in the elevator" to the operating room where electric shock was administered.

The resuscitation procedure has usually been carried out in the operating room when the heart has stopped during surgery. A few "exceptional" cases have been reported in which patients whose hearts stopped while they were elsewhere in the hospital were rushed to the operating room for emergency treatment.

As each new "exceptional" case is reported, the possible applications of resuscitation outside the operating room and even outside the hospital itself increase, the physicians said in a recent issue of the *Journal of the American Medical Association*.

The report was made by Drs. Herschel E. Mozen, Richard Katman and John W. Martin of the University Hospitals of Cleveland and Western Reserve University School of Medicine. Dr. Claude S. Beck, noted Cleveland heart specialist, assisted them.

There is little doubt that the "death factor" is small and may be reversible in many persons who fall over dead with a heart attack, they said. In many cases in which the coordinated heart beat is destroyed by electric impulses accumulating in the heart, the heart is anatomically sound and "ought to be able to continue beating."

"Under favorable circumstances, the heart could be given a second chance to beat and some of these people might be saved," they said.

Their patient was a 51-year-old woman with a history of rheumatic heart disease and other heart symptoms, who had been admitted to the hospital after she had fainted at home. The following day while she was in the ward, her heart suddenly stopped beating and the muscle began twitching.

The chest was opened and within two and a half minutes hand massage of the heart was begun. Artificial oxygen administration—first by the "mouth-to-mouth" technique and later by a tight-fitting face mask—was started immediately to prevent the cell damage that results if the brain is deprived of oxygen for longer than four minutes.

With the oxygen system reestablished, the "emergency situation was under control," the authors said, and it was decided to move the patient to the operating room for the second step—the restoration of a coordinated heart beat. Massage and oxygen administration were continued while she was moved

(Continued on Page 46)

Hamsters Catch Common Cold

(Continued from Page 30)

by nose. After three to seven days several sucklings in each group given the viruses exhibited the typical symptoms of a cold.

Other hamsters were exposed to the nose and throat washings from a person who had not had a cold in the past year. None of these animals caught colds. However, when they later received virus material from the hamsters with colds, they developed the typical signs. The hamsters who originally had

colds did not develop them when given virus material a second time.

The researchers are Major Reginald L. Reagan (Ret.), Lt. Col. Eddy Palmer (MC), U. S. Army, Frances S. Yancey, M.S., Sing Chen Chang, Ph.D., and A. L. Brueckner, V.M.D., of the University of Maryland, College Park, Md.

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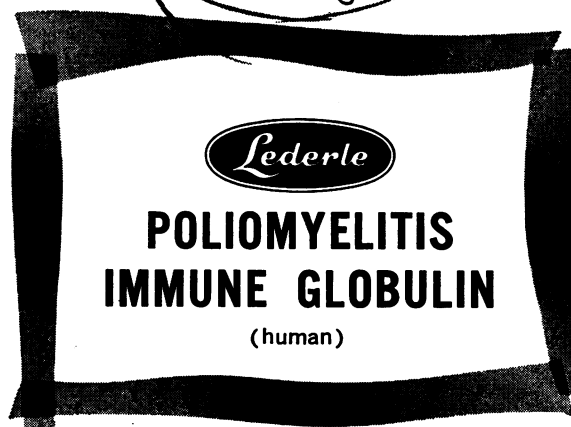
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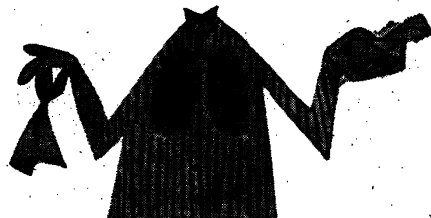
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Hazards of Low-Protein Diets Outlined

Two physicians and the American Medical Association's council on foods and nutrition recently warned against the indiscriminate use of new low-protein diets.

They pointed out serious hazards which they said have not been made clear in nonmedical publicity about the so-called "Rockefeller" or "fabulous formula" diets.

Dr. Norman Jolliffe, director of the New York City department of health's bureau of nutrition, questioned the safety and effectiveness of the diets, while the A.M.A. council and Dr. Vincent P. Dole, New York, urged that persons use the diets only if they are under strict medical supervision. Their statements appear in a recent issue of the *Journal of the American Medical Association*.

All three reports agreed that the diets would be dangerously low in protein content if not used exactly as prescribed and after a doctor's investigation of the individual's condition. Dr. Jolliffe, in fact, said the diets even "as is" are below minimum standards for maintaining body structure and function.

In addition to these warnings, Dr. Dole added a note of discouragement: Even the patients on whom the original diets were tested successfully regained weight when they quit the diets.

The diets differ from both of the most common methods—those which call for low-calorie diets balanced in nutrition, and those requiring drastic cuts in fats, sugars, and starches and increases in proteins. Based on experimental diets developed by Dr. Dole and his colleagues at the Rockefeller Institute of Medical Research, both diets call for lowered protein intake.

One diet, called "peasant diet," "crash diet," or "fabulous formula," is a liquid combination of corn oil, evaporated milk and dextrose. The other, called the "Rockefeller diet" uses regular foods but the council pointed out that the foods chosen contain little protein.

The council report on the "Rockefeller diet" said that "the experimental character of such an abnormal diet makes it imperative for the physician to recommend its use only after careful investigation. The advocacy of the use of this diet by non-medical persons is condemned because of its possible harmful effect under certain situations."

Dr. Dole, in a letter to the editor of the *Journal*, said the dangers of unsupervised low-protein diet selected from natural foods (the Rockefeller diet) lies in the fact that the balance between protein and other foods depends on the judgment of each patient.

Some people, "wrongly thinking that protein caused their obesity," might push restriction to an extreme and end up with a diet entirely different

(Continued on Page 54)

Heart Massage Continued As Patient is Moved

(Continued from Page 34)

to the operating room. One electric shock was given to the heart, and it resumed beating exactly 30 minutes after it had ceased.

The patient's recovery was uneventful except for minor complications which responded satisfactorily to treatment. She responded intelligently to questions a few hours after the attack although she had a few

minor lapses of memories in the first days. She walked out of the hospital five weeks later. She had no evidence of brain damage and her heart was beating regularly, the doctors said.

"It is obvious that new possibilities for successful resuscitation are being created," they said, but these possibilities raise many questions of when, where and under what conditions resuscitation is desirable and feasible. Before any plan for expanding its use can be made, these questions must be answered, they said.

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Body Autopsied After Six Years in Water

Autopsy of a body which was known to have been immersed in fresh water for six years revealed a "most amazing medical feature," according to a report in a recent issue of the *Journal of the American Medical Association*.

When first examined the body was in a "remarkable state of preservation," with the skin intact and the size, shape, consistency and location of all the internal organs appearing like those of a body freshly examined, Dr. Walter Lentino, a New York radiologist, said.

But when tissues from the various organs were examined microscopically, the amazing feature emerged. The individual cells and tissues were found to have completely dissolved, so that it was impossible to tell from which organ the tissue came.

Dr. Lentino said further experiments might reveal the pattern of changes in the tissue which completely wipe out their individual tissue structure, but still allow identification of organs by size, shape and location.

These experiments might also provide information which could help in determining the length of

(Continued on Page 56)

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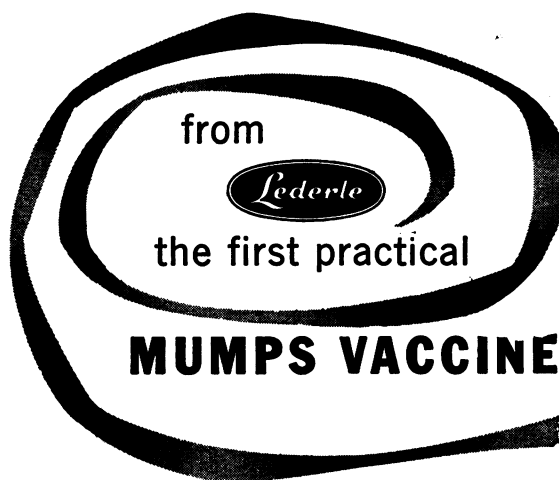
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Hazards of Low-Protein Diets Outlined

(Continued from Page 43)

from the original. The other diet—the liquid formula—does not present this hazard, since the proportions are fixed in the mixture, he said. However, the formula is “but one of many diets” used by the Rockefeller researchers, who “do not claim any unique properties for it.”

Dr. Dole concluded that diet is merely one measure which can be taken against obesity, adding:

“Any diet becomes a fad if it is claimed to solve the problem of obesity. An essential part of any sensible diet is a wise doctor trained to manage a chronic and, at the present time, incurable disease.”

Finally Dr. Jolliffe said the protein content of either diet is below minimum requirements for a normal individual. Anyone remaining on the diets for long could suffer protein deficiency, its accompanying nitrogen imbalance, and the resulting serious injury to body tissue.

In addition, he said the diets are short in certain amino acids, the “building blocks” of the body, and are “woefully inadequate” in iron.

He said an important problem is the “compulsive dieter” who is like “the compulsive drinkers and smokers and eaters.” These people may go so far in their dieting that “harm can be anticipated that

neither the resources of the publishers nor the ingenuity of research scientists can always correct.”

The statements criticized the publicity given to the diets in recent articles in national nonscientific publications. They noted that the articles carried insufficient warnings about the hazards of unsupervised use of the diets. The council statement suggested that editors of magazines could cooperate in “this important matter” and make sure “the health of the people is preserved” by urging the proper safeguards.

Student Given More Responsibility For Own Training

The 76 approved four-year medical schools in the United States are placing greater responsibility on students for their own training.

A recent report by the American Medical Association says that this change is in the direction of individualizing instruction and providing opportunities for learning, for self development, and for independent work.

“The aim,” the report says, “is to develop minds capable of appraising evidence and drawing conclusions based on logical reasoning . . . which will prepare the student to continue his own self-education throughout his professional life.”

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Body Autopsied After Six Years in Water

(Continued from Page 50)

time unidentified bodies have been submerged. Experiments could show if there is a definite pattern of tissue disintegration, which organs are attacked first and to what degree, and whether different waters have different effects.

A routine autopsy was run on the body, with the sex being determined by internal examination, the race by analyzing the hair, and the approximate age by examining the bone joints. Personal identification was made more specific by exact height measurement, discovery of an anatomic deformity, and analysis of teeth. The examination also revealed the cause of death and clearly showed that the body had been immersed for more than one year.

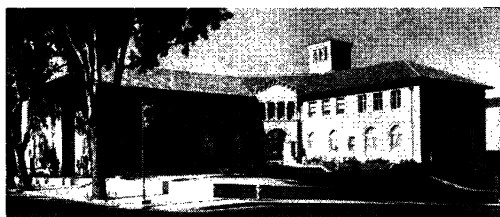
Dr. Lentino is assistant roentgenologist, Montefiore Hospital, and clinical assistant in radiology at New York University Post-Graduate Medical School.

New Era for Antibiotic Therapy; Other Drug Developments

Papers presented at the fourth annual antibiotics symposium held recently in Washington place emphasis on the use of the drugs in combination. The director of Food and Drug Administration's division of antibiotics summed up: "These presentations and others indicate a distinct trend towards combined therapy, not an old fashioned shotgun approach but a calculated rational method of attacking the problem of resistant organisms." Henry Welch, Ph.D., who also served as symposium chairman, added:

"It is quite possible that we are now in a third era of antibiotic therapy; the first being the era of the narrow spectrum antibiotics, penicillin and streptomycin; the second, the era of the broad spectrum therapy; and the third, the era of combined therapy where combinations of chemothera-

(Continued on Page 60)



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New Era for Antibiotic Therapy: Other Drug Developments

(Continued from Page 56)

peutic agents, particularly synergistic ones, will be customarily used."

The symposium is sponsored by the FDA in collaboration with two journals, *Antibiotics and Chemotherapy*, and *Antibiotic Medicine and Clinical Therapy*. A total of 156 papers was presented, with participants from 11 foreign countries. FDA Commissioner George Larrick expressed the view that "the frontier of antibiotic research will be notably advanced by the contributions from so many individuals working on different phases of the subject."

Other developments bearing on drugs:

1. In a program by the FDA, in cooperation with the American Medical Association, American Hospital Association, American Society of Hospital Pharmacists and American Association of Medical Record Librarians, eleven large public and private hospitals are making prompt reports to FDA on unusual or adverse reactions to drugs. Objective is to obtain specific information regarding drugs' effects when the drugs are given to large numbers of patients.

2. U. S. Public Health Service is setting up a new unit to assist in developing scientifically sound re-

search programs on tranquilizing and other drugs used in treating mental illnesses. The unit has been named the Psychopharmacology Service Center and will operate under the National Institute of Mental Health in Bethesda. Its director is Dr. Jonathan O. Cole.

—A.M.A. Washington Letter

All Infant Hip Abnormalities Need Immediate Treatment

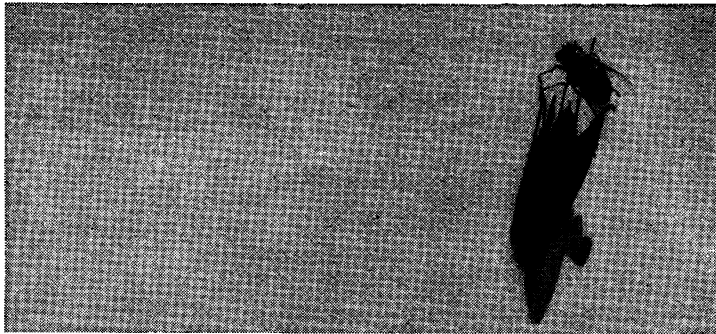
Every newborn infant who shows even the slightest sign of abnormal hip development should be treated immediately, a Chicago physician recently stated.

Dr. Sherman S. Coleman made his recommendation because it is impossible to know which cases will heal by themselves, which will persist as a partial dislocation, and which will progress to a true dislocation.

The simplicity of the treatment, and the fact that the earlier the treatment is begun the better the results will be, make it "obligatory" to treat all infants showing signs of abnormality, he said in a recent issue of the *Journal of the American Medical Association*.

Treatment should be started within days—or even

(Continued on Page 62)



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All Infant Hip Abnormalities Need Immediate Treatment

(Continued from Page 60)

hours—after birth, he said. Most patients treated early are restored to normal within a few months.

Every infant should receive a thorough orthopedic examination immediately after birth and should be repeatedly examined during the first year of life since the abnormal developmental process may be so obscure as to go undetected for several months.

If a partial dislocation goes unnoticed in the early years it may provide the groundwork for a far-

advanced and disabling case of osteoarthritis of the hip joint in adult life, he said.

Dr. Coleman examined 3,500 newborn infants at Primary Children's Hospital, Salt Lake City, and found 32 cases of congenital dysplasia of the hip. This amounts to one case in every 110 births, a rate slightly higher than is usually reported in the United States, but close to the rate in Russia and much less than the one in 10 births reported in Italy, he said. Of his patients, 27 were girls and five boys.

Dr. Coleman is now with the department of orthopedic surgery, Northwestern University, Chicago.

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Number 6

Control of Streptococcal Throat Infections In Schools

A Cooperative Program Followed in Orange County

EDWARD LEE RUSSELL, M.D., Santa Ana

THE GROUP A beta hemolytic streptococcus has now replaced the diphtheria bacillus as the principal bacterial pathogen of serious throat infections.

Investigations³ of recent years have firmly established beta hemolytic streptococcal throat infections as the precursor, and probably the primary etiologic agent, in exacerbations of acute rheumatic fever and glomerular nephritis.

Recent evidence^{2,4} indicates that prophylactic doses of long-lasting penicillin, or certain other antibiotics, usually protect the rheumatic heart from further infectious trauma. This evidence emphasizes the importance of early identification and prompt treatment of beta hemolytic streptococcal throat infections. Certainly these factors are essential components of any rheumatic fever control program.

As a rule, investigators of streptococcal outbreaks, both in the armed services and in civilian populations, have had laboratory facilities in close proximity to the patient. In such a setting, little concern need be given to the effect of drying of material and lapse of time before culturing can be done. However, in a community-wide program, these factors may seriously reduce the reliability of laboratory identification of the beta hemolytic streptococcus.

Presented before the Section on Public Health at the 85th Annual Session of the California Medical Association, Los Angeles, April 29 to May 2, 1956.

• Attempts to identify streptococcal throat infections on clinical evidence alone do not provide an adequate or reliable index of the prevalence of these infections in the community.

Epidemiologic information on streptococcal throat infections based on bacteriological identification permits a more accurate assessment of the situation and more logical and more effective control measures.

Recent refinements in laboratory procedures have provided a simple, reliable and relatively inexpensive method for the identification of Group A beta hemolytic streptococci by public health or clinical laboratories.

In Orange County a program for the identification of streptococcal throat infections by cooperative action of the medical profession, the health department and the school authorities greatly aided in control of the disease. A voluntary health agency (heart association) made an important contribution toward the success of the control program.

Any control program in which there are such technical and procedural defects is likely to be reduced in effectiveness.

In spite of the fact that laboratory methods had not been adapted to field use, laboratory identified cases of streptococcal sore throat increased progressively in Orange County (California) during the years 1950-55 (Table 1). Although this situation had

EDITORIAL

Legislative Time Again

ON JANUARY 7 the California State Legislature will convene in its regular general session and will consider the mass of proposed legislation which is dumped into its hopper each odd-numbered year. In the even-numbered years the Legislature limits its deliberations to a budget and to special items.

With the reconvening of the Legislature, medicine will again be faced with the multiplicity of bills which propose to amend, alter or otherwise change the regulations under which the practice of medicine is carried on in California. It will also be confronted with various new proposals for the creation of examining or certifying boards, the extension of the scope of practice for various licentiates in the field of the healing arts or the extension of current practices into broader fields.

If the history of legislative activities of the past decade may be taken as a criterion, some 500 or more legislative proposals will demand the scrutiny of medicine's representatives in Sacramento. Each regular session for some years back has produced 5,000 or more legislative proposals, and the general rule is that about one in ten of these measures has a direct or indirect bearing on the practice of medicine or the public health.

Examples may be found in many areas and it is already apparent that some of these fields will be replowed in the 1957 session.

Some of the major issues which medicine will have to consider in the coming Legislature will be in the areas of mental health, nurse training and psychology.

In mental health, the California Medical Association has tentatively drafted a bill which would permit communities to establish community mental health centers in conjunction with general hospitals and to receive state financial assistance where needed. Two years ago the Association opposed a

proposal for setting up community mental health facilities, on the ground that the program then proposed was organized from the top down rather than from the community up. Legislative interim committees have considered this matter since the 1955 session and the committee members have been most complimentary to the C.M.A. for its draft of a proposed bill which would screen out mental health cases at home, provide treatment under controlled auspices in general hospitals and eliminate much of the need for constructing additional state facilities for custodial care of patients.

The bill now proposed by the C.M.A. has been embraced by practically all those who two years ago were ardent proponents of the measure which the Association then opposed.

In the field of nurse training, discussions are now being held between nursing, hospital, educational and medical representatives on the proposal that the training course for registered nurses be reduced from 36 to 24 months. At least one pilot study has been made in this direction and others have been got under way. Obviously, the reduction in training time, if it produces adequately trained nurses, would speed up the production of nurses and relieve an admitted shortage; however, if the shorter course would result in inferior or inadequate training, the health of the people would suffer. Undoubtedly this proposal will be due for legislative consideration, whether legislation is introduced by nursing, educational or other groups.

In psychology, the Legislature will again have before it a proposal to license or register clinical psychologists. This topic has been discussed pro and con in recent legislative sessions and the fundamental differences between the thinking of psychologists and physicians have been thoroughly aired. Where does clinical psychology stop and psychiatry begin? Can a clinical psychologist treat psychological prob-

California MEDICAL ASSOCIATION

Transfer of Patients for Therapy

The following statement regarding requests for transfer of patients from one county to another for certain types of therapy not available locally, was prepared by the Cancer Commission of the California Medical Association.

OWING TO sensational and usually premature announcements in the daily press, monthly magazines and newsreels, many persons gain the impression that ultra high voltage radiotherapy devices have peculiar properties rendering them especially desirable in certain types of tumors. The unrestricted transfer of patients is not regarded as sound medical policy and should only be done after the most careful consideration of all the facts. The facts of the matter are as follows:

1. Megavoltage radiotherapy units have been available since 1910. At that time the first radium cannons were developed and these had energies equivalent to approximately 1.5 million electron volts. Radium cannons produce gamma rays which have similar cancer destroying properties to those of high voltage x-rays.

2. Million volt x-ray tubes have been in use since 1927. To date, none have been proved to have curative powers that do not exist in 200 KV x-ray tubes. Nevertheless, for some patients there are some technical advantages in the use of ultra high voltages.

3. Radioactive cobalt has been available for about ten years. It offers a beam with a mean energy of about 1.2 million electron volts. Its properties are similar to those of x-rays and radium. It may be used in the form of needles, solution, cannons, interstitial applicators, bombs, and so forth.

4. Very high voltage machines delivering beams of ionizing radiation with energies of millions of electron volts have been on trial for some time. They may be in the form of circular accelerators, linear accelerators and so forth. There is as yet no proof that these beams can accomplish any more than conventional x-ray beams. It is true that as much as 100 per cent of the beam of some of the ultra high voltage units penetrates to the deepest structures of the body. There is an impression that radiation sickness is less with ultra high voltage, but radiation

sickness is not a critical factor in the administration of radiotherapy to most cases. Ultra high voltage x-ray units permit the delivery of destructive doses to cancerous growths deep in the body with less damage to the skin, especially if rotational therapy is utilized. All radiation is damaging and it is impossible to completely shield the normal tissues at any voltage. However, the skilled radiotherapist, by suitable adjustment of his beams, may produce large amounts of ionizing radiation at any depth without permanently injuring the skin. This is possible with high voltage and ultra high voltage. Transient skin erythema with blistering and subsequent tanning is of no major import, and other changes are of no importance compared to the curing of cancer.

5. Research is continuing in these fields of high energy radiotherapy. Just as soon as improved cures are obtained by such means, announcement of that fact will be made in scientific medical journals and in channels of popular medical information. Significant improvements in surgical or radiological cures of cancer are usually a matter of evolution and not revolution. They come gradually and painstakingly, and not overnight. The American Cancer Society as well as the Cancer Commission deplors the needless raising of false hopes by premature publicity concerning new techniques or apparatus of any type. Physicians treating cancer by radiological methods will continue to place major dependence on competent radiologists using carefully calibrated x-ray and radium therapy apparatus.

(See also "Cobalt Bombs." *California Medicine*, 77:271, Oct. 1952.)

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(Or.)—Original Article; (Ed.)—Editorial (CMA)—California Medical Association; (CR)—Case Report; (I)—Information; (LE)—Letters to the Editor; (MJ)—Medical Jurisprudence.

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Conference on Rural Health Set for Sacramento, January 25-26, 1957

All physicians are invited to attend the Third Annual California Conference on Rural Health which convenes January 25, 1957, in Sacramento at the Senator Hotel. The two-day session is expected to attract 400 physicians, educators, public health and farm leaders.

They will discuss:

How Good Is Rural Health?

Are You Safe At Home?

Fads, Fallacies and Facts.

What Is A Good Medical Examination?

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What's New In Health Insurance?

Lassen County Citizens Look At Health.

Physicians taking part in the program are:

Drs. Robb Smith, Orange Cove, chairman of the California Medical Association's committee on rural health; Walter Batchelder, San Francisco, director of California Medical Association's Cancer Commission; Paul H. Thomas, Sacramento, president of the Sacramento County Heart Association; Herbert Bauer, Woodland, Yolo County health officer; Robert Breedon, Weaverville; Ralph A. Teall, Sacramento, CMA district councilor, and Italo Daniele, Herlong.

The conference is sponsored by the California Rural Health Council which includes the CMA, California Academy of General Practice, California Congress of Parents and Teachers, California Farm Bureau Federation, California State Department of Public Health, University of California Agricultural Extension Service, and U.C. School of Public Health.

In addition, the California Hospital Association, the California State Department of Education, the California State Grange and the California County Supervisors Association are cooperating in the annual event.

American Association of Medical Assistants

Doctors' office aides now have a new national organization of their own: The American Association of Medical Assistants. The association was organized officially at a meeting in Milwaukee late in October, attended by 250 medical assistants representing 16 states.

"Medical assistant" is the term generally applied to any person employed in a physician's office or clinic as a nurse, secretary, receptionist, technician or combination "Girl Friday."

Last fall I reported that 75 women had turned out for a meeting called by the Kansas Medical Assistants Society in Kansas City, Kansas, to discuss possibilities of launching a national organization. All who attended that meeting expressed a unanimous desire to proceed with national organizational

efforts and during the past year a committee has been working toward that objective.

A year ago there were just nine state medical assistants groups in existence. Since last fall three new state groups have been formed and others are being organized. In almost every case, state assistants groups have the official blessing of state medical societies and generally a physicians advisory committee is appointed to offer suggestions in program-planning and project designing.

A number of physicians were in attendance at the Milwaukee meeting. They helped to iron out problems relating to a constitution and bylaws. They were Drs. D. E. Dorchester, Sturgeon Bay, Wis.; Joseph Devitt, Milwaukee, Wis.; Wayne Fencil, Monroe, Wis.; Murray C. Eddy, Hays, Kansas; R. O. Hughes, Ottumwa, Ia.; Clyde Miller and Maurice Tinterow, both of Wichita, Kansas; and Ralph Shook, Kalamazoo, Mich. Jack Burke represented the Medical Society of Wisconsin and John Kadonsky the Medical Society of Milwaukee County. Leo Brown, American Medical Association public relations director, and Mrs. Carol Towner of the public relations department attended as American Medical Association observers.

According to the A.A.M.A. constitution, membership is open to anyone who works under a physician's supervision and who is an active member of a state medical assistants group.

The organization is nonprofit and an uncompromising statement rules out any unionization efforts within the group: "It is not nor shall it ever become a trade union or collective bargaining agency."

The objectives of the organization parallel those of the medical profession: "To inspire members to render honest, loyal and more efficient service to the profession and public; to strive to cooperate with the profession in improving public relations; to render educational services for the self-improvement of members and to stimulate a feeling of fellowship and cooperation; and to encourage and assist all unorganized medical assistants in forming local and state societies."

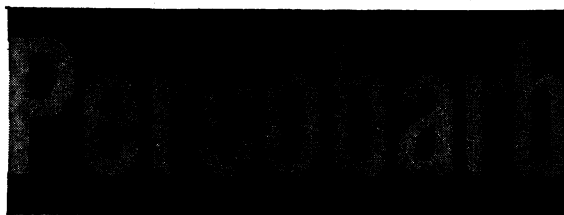
A six-member physicians advisory committee to A.A.M.A. is to be selected within the next few months by the executive committee of the association from names proposed by state assistants groups.

The A.A.M.A. wound up its three-day deliberations with election of officers. Maxine Williams, Kansas City, Kansas, who has served as chairman of the organizational committee during the past year, is president, and Mrs. Mary Kinn of Santa Ana, Calif., president-elect. Mrs. Marian Little, Cedar Rapids, Iowa, was named vice-president; Alice Budny, Milwaukee, recording secretary, and Mrs. Carmen Kline, Kansas City, Kansas, treasurer. Next year's meeting will be held in San Francisco in October, and Chicago was selected as site of the 1958 meeting.

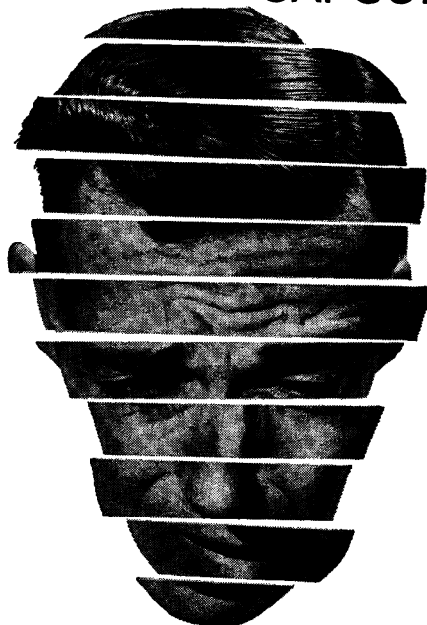
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**Physicians Asked to Lead
In Highway Safety**

Two American Medical Association publications recently challenged physicians to be more than just doctors to injured motorists—to become leaders in the whole field of road safety.

An editorial and article in a recent issue of the *Journal of the American Medical Association* and a guest editorial in a recent issue of American Medical Association *Archives of Internal Medicine* outlined the role of physicians in the fight against a "disease" that is killing persons at the rate of one every 14 minutes and injuring someone every 25 seconds in the U. S.

Success in meeting the problem of ever-increasing injury and death on the highways will require the cooperation of "the best minds in medicine, highway engineering, and car design," the *Journal* editorial said.

Physicians may be the logical leaders in a co-ordinated movement because of their biological science background and their intimate knowledge of crash effects and problems of human behavior that might figure in smashups, the *Journal* article quoted Dr. Fletcher D. Woodward, Charlottesville, Va., as saying. He is chairman of the American Medical Association's new committee on medical aspects of automobile injuries and deaths.

In fact, the more some physicians look into traffic safety the more they seem to see the possibility of a new medical specialty, which one general practitioner has suggested be called "medicotrafficology," the article said.

Dr. Jacob Kulowski, St. Joseph, Mo., said in the *Archives* that all branches of medicine and surgery must cooperate in both the treatment and prevention of auto accident injuries. Physicians who have observed the seriousness of some auto injuries should turn their attention to accident prevention through better medical standards of driver licensing and the maintenance of driver fitness. They should take a more active interest in medicolegal problems resulting from accidents, he said.

The *Journal* editorial pointed out that doctors can help reduce accidents by approving and supporting necessary research and by furnishing information to automotive designers on injuries, survivals, and deaths.

Physicians have a responsibility to prevent injury to individual patients, the editorial said. They must warn persons not to drive after taking drugs with a sedative effect, and that conditions such as severe pain or itching, while not direct accident hazards, can produce disturbances that may divert a driver's attention.

In addition, physicians can promote a sense of civic responsibility by supporting sound traffic safety programs and safety councils in their local communities, the editorial concluded.

Editorials Warn Against Improper Use of Drugs

Warnings against the improper use of two types of medicine—drugs sold “over the counter” without a prescription and barbiturates sold only on prescription—were issued in a recent issue of the *Journal of the American Medical Association*.

The warnings, along with suggestions of how physicians and pharmacists can prevent improper use, appeared in two *Journal* editorials.

The great danger in using “over-the-counter” medicines lies in misreading or not reading labels, one editorial said. In addition, there is always the

possibility of delaying proper medical diagnosis because the individual may temporarily feel well or his symptoms may be “masked” by the drug’s action.

Most nonprescription drugs sold today have been proved to be “reasonably” harmless. In fact, they cannot be sold without a prescription until trials have shown they have no harmful side effects when taken in the proper amounts. The danger lies in excessive dosage.

The editorial explained that current federal legislation requires a prescription for the sale of any

(Continued on Page 82)

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Editorials Warn Against Improper Use of Drugs

(Continued from Page 78)

drug which is potentially unsafe when used without medical supervision. However, a manufacturer or even an interested person who believes the prescription restriction is no longer necessary, and has evidence to support his contention, may petition the Food and Drug Administration to allow over-the-counter sales, provided labeling includes adequate directions and warnings.

It is here that physicians have a responsibility, the editorial said. By reporting any harmful side

effects resulting from the use of a prescribed drug, physicians may prevent a potentially harmful drug from going on sale without a prescription.

In another editorial, Dr. Harris Isbell of the National Institute of Mental Health, Addiction Research Center, U. S. Public Health Service Hospital, Lexington, Ky., said that symptoms of barbiturate intoxication have been found to be similar to those of chronic alcoholism.

If, as it appears, alcohol and barbiturates actually cause similar nervous system changes, adequate doses of either should partly or completely suppress symptoms resulting from the withdrawal of the

(Continued on Page 90)

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BOOKS RECEIVED

BONE STRUCTURE AND METABOLISM—Ciba Foundation Symposium—G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Cecilia M. O'Connor, B.Sc., Editors. Little, Brown and Company, Boston, 1956. 299 pages, 121 illustrations, \$8.00.

CARE OF THE LONG-TERM PATIENT—Volume II of Chronic Illness in the United States, Commission on Chronic Illness. Published for the Commonwealth Fund, by Harvard University Press, Cambridge, Mass., 1956. 606 pages, \$8.50.

CLINICAL EXAMINATIONS IN NEUROLOGY—Members of the Sections of Neurology and Physiology, Mayo Clinic and Mayo Foundation for Medical Education and Research. W. B. Saunders Company, Philadelphia, 1956. 370 pages, \$7.50.

CLINICAL PATHOLOGY—Application and Interpretation—Second Edition—Benjamin B. Wells, M.D., Ph.D., Director of Clinical Investigation, The Lynn Clinic, Detroit. W. B. Saunders Company, Philadelphia, 1956. 488 pages, 25 figures, \$8.50.

CLINICAL ROENTGENOLOGY—Volume IV—The Digestive Tract, the Gall Bladder, Liver and Pancreas, the Excretory Tract and Special Studies Emphasizing Differential Considerations—Alfred A. de Lorimier, M.D., Radiologist, St. Francis Memorial Hospital, San Francisco; Henry G. Moehring, M.D., Radiologist, Duluth Clinic, Duluth, Minnesota; and John R. Hannan, M.D., Radiologist, Cleveland, Ohio. Charles C. Thomas, Publisher, Springfield, Ill., 1956. 676 pages, \$24.50.

CLINICAL UNIPOLAR ELECTROCARDIOGRAPHY—Third Edition—Bernard S. Lipman, M.D., Instructor in Medicine, Emory University School of Medicine and Edward Massie, M.D., Associate Professor of Clinical Medicine, Washington University School of Medicine. The Year Book Publishers, Inc., 200 East Illinois St., Chicago, 1956. 397 pages, \$7.50.

DIABETES MELLITUS—Handbook for Physicians—Howard F. Root, M.D., Medical Director, Joslin Clinic, Boston, Lecturer in Medicine, Harvard University; and Priscilla White, M.D., Instructor in Pediatrics, Tufts University, Boston. Landsberger Medical Books, Inc. Distributed by The Blakiston Division of the McGraw-Hill Book Co., New York, 1956. 346 pages, \$7.00.

DICTIONARY OF POISONS—Ibert Mellan and Eleanor Mellan. Philosophical Library, New York, 1956. 150 pages, \$4.75.

DISEASES OF THE BREAST—C. D. Haagensen, M.D., Professor of Clinical Surgery, The College of Physicians and Surgeons, Columbia University. W. B. Saunders Company, Philadelphia, 1956. 751 pages, 404 figures and 25 charts, \$16.00.

DISEASE IN INFANCY AND CHILDHOOD—Second Edition—Richard W. B. Ellis, O.B.E., M.A., M.D., F.R.C.P., Professor of Child Life and Health, University of Edinburgh, E. & S. Livingstone, Ltd., Edinburgh—Distributed in U. S. by The Williams and Wilkins Company, Baltimore, 1956. 710 pages, \$10.00.

DISEASES OF THE HEART—Second Edition—Charles K. Friedberg, M.D., Attending Physician, The Mount Sinai Hospital, New York; Associate Clinical Professor of Medicine, College of Physicians and Surgeons, Columbia University. W. B. Saunders Company, Philadelphia, 1956. 1161 pages, 157 figures, \$18.00.

DYNAMIC PSYCHIATRY IN SIMPLE TERMS—Robert R. Mexter, M.D., Senior Staff Psychiatrist, Community Clinic, Massachusetts Mental Health Center and Harvard Medical School. Springer Publishing Company, Inc., 44 East 23rd St., New York 10, N. Y., 1956. 174 pages, \$2.50.

EDUCATING SPASTIC CHILDREN—The Education and Guidance of the Cerebral Palsied—F. Eleanor Schonell, M.A., Ph.D., formerly Research Fellow, University of Birmingham, England, Department of Pediatrics and Child Health. Philosophical Library, Publishers, 15 40th Street, New York 16, N. Y., 1956. 242 pages, \$6.00.

EPILEPSY AND THE LAW—A Proposal for Legal Reform in the Light of Medical Progress—Roscoe L. Barrow, Dean, University of Cincinnati College of Law, and Howard D. Fabing, M.D., Chairman, Legislation Committee, American League Against Epilepsy, Past-President, American Academy of Neurology. Hoeber-Harper, Paul B. Hoeber, Inc., 48 East 33rd St., New York 16, N. Y., 1956. 177 pages, \$5.50.

EPILEPTIC SEIZURES—A Correlative Study of Historical, Diagnostic, Therapeutic, Educational, and Employment Aspects of Epilepsy—John R. Green, M.D., and Harry F. Steelman, M.D., The Williams and Wilkins Company, Baltimore, 1956. 165 pages, \$5.00.

EXAMINATION OF THE NERVOUS SYSTEM—A Student's Guide—A. Theodore Steegmann, M.D., Professor of Medicine (Neurology), University of Kansas School of Medicine, Kansas City, Kansas. The Year Book Publishers, Inc., 200 East Illinois Street, Chicago, 1956. 164 pages, \$3.75.

FRACTURES, DISLOCATIONS AND SPRAINS, THE MANAGEMENT OF—Sixth Edition—John Albert Key, B.S., M.D., Clinical Professor Emeritus of Orthopedic Surgery, Washington University School of Medicine, St. Louis; and H. Earle Conwell, M.D., Associate Professor of Orthopedic Surgery, University of Alabama School of Medicine, Birmingham. The C. V. Mosby Company, St. Louis, 1956. 1168 pages, \$20.00.

HANDBOOK OF PEDIATRIC MEDICAL EMERGENCIES—Second Edition—Adolph G. DeSanctis, M.D., Professor of Pediatrics, Post-Graduate Medical School, New York University. The C. V. Mosby Company, St. Louis, 1956. 389 pages, 73 illustrations, \$6.25.

MERCK MANUAL OF DIAGNOSIS AND THERAPY, THE—9th Edition—Editorial Board: Charles E. Lyght, M.D., Editor; William P. Boger, M.D., George A. Carden, M.D., Augustus Gibson, M.D., Dickinson W. Richards, M.D. Merck & Co., Inc., Rahway, N. J., 1956. 1870 pages, Regular Edition: \$6.75 (Fabrikoid binding), DeLuxe Edition: \$9.00 (flexible Cordoba Fabrikoid binding with gold edged pages).

ORGANIZED HOME MEDICAL CARE IN NEW YORK CITY—A Study of Nineteen Programs by the Hospital Council of Greater New York. Published for the Commonwealth Fund, by Harvard University Press, Cambridge, Mass., 1956. 538 pages, \$8.00.

PAPER ELECTROPHORESIS—Ciba Foundation Symposium—G. E. W. Wolstenholme, O.B.E., M.A., M.B., B. Ch., and Elaine C. P. Millar, A.H.-W.C., A.R.I.C., Editors. Little, Brown and Company, Boston, 1956. 224 pages, 74 illustrations, \$6.75.

PELVIMETRY—Herbert Thoms, M.D., Emeritus Professor of Obstetrics and Gynecology, Yale University School of Medicine. Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 49 East 33rd Street, New York 16, N. Y., 1956. 120 pages, \$5.00.

PERSON BEHIND THE DISEASE, THE—Julius Bauer, M.D., Clinical Professor of Medicine, College of Medical Evangelists, Grune & Stratton, New York, 1956. 136 pages, \$3.50.

PRACTICAL PEDIATRIC DERMATOLOGY—Morris Leider, M.D., Associate Professor of Dermatology, New York University Post-Graduate Medical School, 433 pages, \$10.50. The C. V. Mosby Company, St. Louis, 1956.

PRINCIPLES OF CLINICAL ELECTROCARDIOGRAPHY—Mervin J. Goldman, M.D., Assistant Chief of the Medical Service and Cardiologist, Oakland Veterans Administration Hospital; Assistant Clinical Professor of Medicine, University of California School of Medicine. Lange Medical Publications, Los Altos, 1956. 310 pages, \$4.50.

PSYCHOLOGICAL ASPECTS IN THE CARE OF INFANTS AND CHILDREN—Pediatric Research Conference—Ross Laboratories, Columbus 16, Ohio, 1956. 90 pages, no charge.

SEXUAL CRIMINAL, THE—A Psychoanalytical Study—Second Edition—J. Paul de River, M.D., F.A.C.S., Founder and Director of the Sex Offense Bureau, City of Los Angeles, Instructor in Criminal Psychiatry and Sexology, California Peace Officers' Training Institute, University of California at Los Angeles. Charles C. Thomas, Publisher, Springfield, Illinois, 1956. 375 pages, \$6.50.



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Editorials Warn Against Improper Use of Drugs

(Continued from Page 82)

other. This helps explain how alcoholics can substitute barbiturates for alcohol and vice versa.

Persons who are intoxicated by barbiturates are menaces, both to themselves and others, Dr. Isbell said. For this reason, the medical and pharmaceutical professions bear a heavy responsibility in prescribing and dispensing barbiturates.

Great care should be used in prescribing barbiturates for unstable persons, and such persons should be watched carefully, he said, adding that simple insomnia is seldom a valid reason for using barbiturates. He also warned that physicians should not prescribe a barbiturate for a stranger unless "the indication for the drug is unmistakable."

Prescriptions should be limited in amount and the laws against refills without a new prescription should be strictly observed, he said.

Fat Upper Arms Confuse Blood Pressure Meter

A more accurate reading of blood pressure in obese persons can be obtained by measuring the pressure below the elbow rather than above, as is usually done, three New York physicians said recently.

They said that falsely high blood pressure readings may be obtained in people with large flabby upper arms. The reason for this is not entirely clear, but it may be due to the larger circumference and the compression of flabby tissue in the upper arms, they said in a recent issue of the *Journal of the American Medical Association*.

In experiments with nonobese persons, one arm was loosely wrapped with cotton which was compressed by the blood pressure cuff. The reading in the wrapped arm was much higher than in the unwrapped arm. However, when less-compressible

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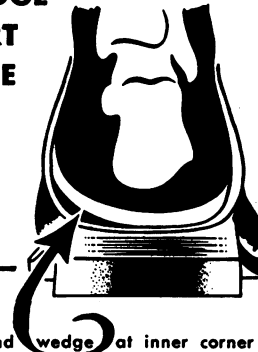
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Virus Recovered in Case of Japanese B Encephalitis

The virus which causes Japanese B encephalitis has been found for what is probably the first time in a case of the disease brought back to this country from the Far East.

Doctors making the finding said it points up earlier warnings about the possibility of introducing the virus into the United States where conditions could allow its spread. The disease, an inflammation of the brain, is related to "sleeping sickness" and polio.

The virus was isolated from the tissue of an

American soldier just returned from Korea, according to Lt. Col. Harold E. Shuey (MC) and Lt. Col. Trygve O. Berge (MSC) from the Sixth Army medical laboratory, Fort Baker, Calif. They made their report in a recent issue of the *Journal of the American Medical Association*.

Only three other cases of the disease occurring in persons while enroute or after arrival here from the Far East have been reported, and as far as the Army physicians know, no virus was found in those three.

They said the virus could become well established if brought into the western United States, where

(Continued on Page 98)

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(Continued from Page 88)

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Fat Upper Arms Confuse Blood Pressure Meter

(Continued from Page 90)

gauze was used, there was only a slight difference in the readings in the two arms.

The authors also found that persons with large—but muscular—upper arms did not have falsely high blood pressure readings, apparently because the muscular tissue is not compressible.

In obese persons with flabby upper arms, the doctors measured the blood pressure internally by inserting a needle into an artery. They then compared that reading with readings obtained in the forearm and the upper arm. The arterial pressure was similar to that of the forearm.

The authors are Dr. Kenneth W. Trout, Hillsdale, N. Y., and Drs. Charles A. Bertrand and M. Henry Williams, Valhalla, N. Y.

Seventeen Medical Schools Complete \$65 Million in Construction

Seventeen medical schools—16 in the United States and one in Canada—have reported completion of construction projects costing 65 million dollars during the 1955-56 school year.

During the same period, 17 schools in the United States and two in Canada have undertaken new construction projects costing approximately 45 million dollars.

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1. Hardin, J. H.; Levy, J. S., and Seager, L.: South. M. J. 47:1190, 1954.

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Virus Recovered in Case of Japanese B Encephalitis

(Continued from Page 94)

other viruses causing other types of encephalitis are prevalent.

Earlier researchers have shown that seven species of mosquitoes in the western United States can transmit mouse-brain-adapted strains of the Japanese B encephalitis virus to mice in the laboratory. This means that the disease possibly could be spread in the United States if a person infected with the disease (and carrying the virus in his blood) were bitten by one of these mosquitoes.

The soldier was admitted to the United States Army Hospital, Fort Lawton, Wash., on September 14, 1954, complaining of fever, eye pain, and headache. In the next few days, these symptoms became worse, while mental confusion and respiratory symptoms appeared. He died four days after admission.

The patient had apparently contracted the virus two week before while he was in Pusan, Korea, an area in which earlier outbreaks of the disease among American servicemen had occurred, they said.

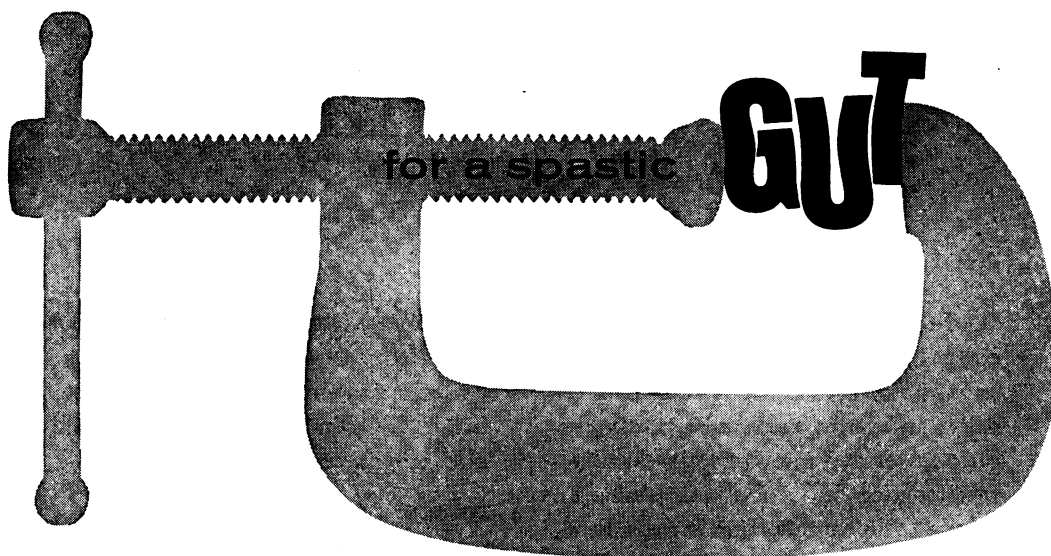
The virus was finally isolated and identified by using extensive laboratory procedures involving mice and tissue taken from the patient's brain and chest muscle.

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1957 ANNUAL SESSION

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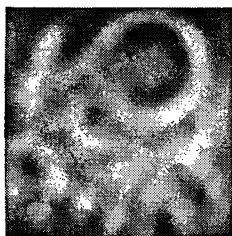
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References: 1. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955.
2. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955.

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Meprobamate May Cause Allergic Reactions

Several cases of allergic reactions to the tranquilizing drug meprobamate (Miltown or Equanil) were reported recently by two Beverly Hills, California, physicians.

The reactions took the form of skin eruptions and itching, extreme excitement, muscular paralysis or stomach upsets, Dr. Henry T. Friedman, an allergist, and Dr. Willard L. Marmelzat, a dermatologist, said in a recent issue of the *Journal of the American Medical Association*.

The desire for a harmless pill that will almost magically return man to an emotional state free from everyday stresses and strains is a deep-rooted one, they said. There has been widespread indiscriminate use of the drug, especially in southern California.

Scarcely a day goes by without some laudatory public mention of "this wonderful new tranquilizing drug," but few reports of adverse reactions to the drug have been made, they said.

For these reasons the doctors felt they should issue a warning about their 10 cases of allergic reactions to meprobamate. They also mentioned that other physicians in the Los Angeles area have seen, but have not reported, allergic reactions severe enough to require hospitalization.

Five of their patients developed severe skin reactions after taking the drug. One patient broke out with a rash within three hours and another within six hours after taking the first pill. The eruptions usually appeared first on the lower part of the body, but the breast and arms were also affected.

"Paradoxical reactions" were reported in four patients. Three became extremely excited instead of calm after taking the drug. The excitement subsided after the medicine was withdrawn. Another patient developed diarrhea, cramps and gas after taking two pills. This was surprising, they said, because meprobamate normally does not affect the involuntary muscles of the stomach and intestines. Paradoxical reactions, where sedation is expected and excitement produced, have appeared in relation to the barbiturates and other sedatives, they pointed out.

Another patient developed nausea and double vision resulting from muscular paralysis in the eye after taking only three pills.

The most remarkable thing about their cases was the fact that a patient who had never taken meprobamate would develop the reaction within three to five hours after taking one tablet, they said. Usually in drug reactions, the patient has had prior contact with the compound. A possible reason is that these patients had been exposed previously to chemically related compounds which sensitized them to meprobamate.

Dr. Friedman is instructor in medicine at the University of California at Los Angeles, and Dr. Marmelzat is on the staffs of Queen of Angels Hospital and Santa Rita Clinic, Los Angeles.

Portable Electronic Cardiac Monitor Described

A three-pound, 120-cubic-inch device which shows visually the electrical impulses of the heart during surgery or resuscitation was described recently.

Six researchers from the Veterans Administration Hospital, Hines, Ill., said the cardiac monitor was devised to help surgeons and anesthesiologists during surgery, but it could be used by police and fire department rescue and resuscitation squads to tell if the heart is functioning in cases of drowning, electric shock, auto accidents, and severe injury.

The electronic monitor, which is powered by four flashlight batteries, was described in a recent issue of the *Journal of the American Medical Association*. Electrodes attached to the forearms of the patient pick up the cardiac impulses and feed them into the monitor where they are indicated by a magnetic needle.

If the heart is functioning normally, the needle shows a uniform movement. However, when the needle produces small, irregular and erratic movements, it is a sign of ventricular fibrillation, a con-

(Continued on Page 110)

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Portable Electronic Cardiac Monitor Described

(Continued from Page 106)

dition in which the heart ceases to beat regularly and the muscle twitches. Cardiac arrest—or sudden unexplained heart stoppage—is indicated when the needle stops altogether.

The monitor is especially useful, the authors said, in situations of extreme shock, severe hemorrhage or suffocation where blood pressure and pulse rate sometimes may fall to imperceptible levels. In such cases the monitor can show that the heart is still functioning even though there is no detectable pulse.

This should prevent unnecessary opening of the chest for cardiac massage and speed the beginning of proper treatment, they said.

The authors pointed out that nurses, technicians and even nonmedical rescue personnel can operate the monitor readily because of the simplicity of design and interpretation. In addition, it is sufficiently inexpensive to be made available for small hospitals and rescue squads.

The authors are Theodore Fields, M.S., Drs. Ervin Kaplan, Bernard Abrams, Robert Simpson and Archer Gordon, and Joseph Kenski, E.T. (electronics technician).



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Antihistamine Used as Anesthetic Agent

Promethazine, which has proved successful in combating seasickness and allergic conditions, may turn out to be one of the safest drugs available for producing light anesthesia, a Chicago anesthesiologist said recently.

Promethazine (Phenergan) has been used as one of the anesthetic agents given to patients to prepare them for surgery under hypothermia, popularly known as "freezing" or "artificial hibernation." It has also been used to quiet hiccuping and control nausea and vomiting, and has proved especially safe as a sedative for children and old people, Dr. Max S. Sadove said in a recent issue of the *Journal of the American Medical Association*.

The compound is an antihistaminic derivative of phenothiazine, from which chlorpromazine (Thorazine), one of the new "tranquilizing" drugs, is also derived. Promethazine was developed in France about 10 years ago and has been available in the United States for only a relatively short time.

Dr. Sadove has used the compound for about 1,000 patients undergoing regional, local and general anesthesia for surgery. He found that combining it with other anesthetic agents reduced the amount of other agents necessary. It also reduced the hazards of falling blood pressure and excessive heart rate during anesthesia.

He concluded from his preliminary survey that promethazine is a valuable agent for use with spinal and regional anesthesia. Although further investigation is needed to confirm his findings, he said it appears that promethazine is one of the safest drugs available for producing basal anesthesia, on which to base further and deeper anesthesia.

Promethazine was used alone and with other agents for preoperative sedation. Alone it produced results similar to those of the barbiturates. With meperidine, an anesthetic, it produced a condition in which the patient, while not actually asleep, lay quietly without interest in his environment but able to answer questions.

It also was useful as a postoperative pain-reliever. There seemed to be less pain with smaller amounts of promethazine and meperidine than with larger doses of narcotics alone. The patients seemed detached from their discomfort, resting quietly with stable blood pressure, pulse and respiration, while still responding to questions.

Elderly patients especially benefited from the drug. They appeared to experience less confusion with promethazine than with many other sedatives. Small amounts of the drug gave excellent results in children requiring sedation.

Dr. Sadove noted that a small amount stopped nausea and vomiting during local or regional anes-

(Continued on Page 114)



How to reform a persnickety eater



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Algebraic Formula Suggested For Calculating Diets

Some dieters arrive at their daily allowance of calories by guesswork; others by reading diet guides. Now they can figure it out algebraically.

A Philadelphia doctor outlined in a recent issue of the *Journal of the American Medical Association* a "simple aid" for calculating diets. At first glance it looks pretty complicated, but actually it turns out to be a simple algebraic equation.

Dr. Ralph J. Slonim Jr. of Hahnemann Medical College explained that an ideal weight exists for everyone (110 pounds for the first five feet of height plus five pounds for every inch above that, with a 10 per cent variation for body build). There is also an ideal number of calories which, when eaten daily, keeps the weight stable. However, when more than the required calories are consumed, the person gains weight. When he eats fewer calories, he loses.

So Dr. Slonim worked out a long equation involving the ideal weight, the height and the amount of desired weight loss, using H for height in inches, L for pounds per month weight loss desired, and C for the number of calories which can be eaten daily and cause a weight loss.

The equation started out like this:

$$C = 35 \left\{ \frac{5(H - 60) + 110}{2.2} \right\} - \frac{L \times 9 \times 1,000}{2.2 \times 2 \times 30}$$

But Dr. Slonim boiled it down to this:

$$C = 11.4 (7H - 266 - 6L)$$

For instance, if you are five feet six inches tall (66 inches), and want to lose 10 pounds a month, your equation would look like this:

$$C = 11.4 (7 \times 66 - 266 - 6 \times 10)$$

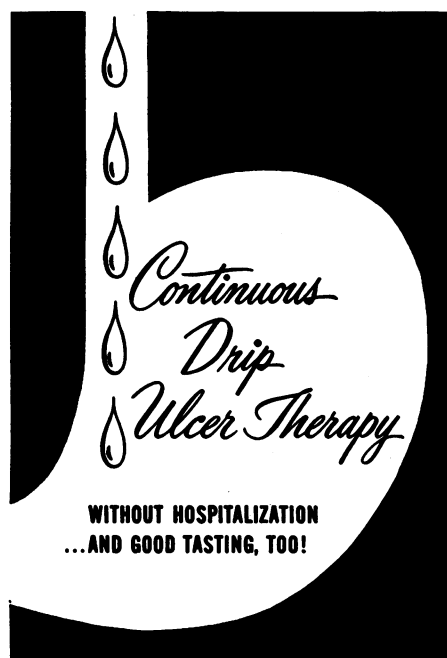
When you work this out, you get 1,550.4 calories. If you eat only that amount every day for a month, you should lose 10 pounds.

Antihistamine Used as Anesthetic Agent

(Continued from Page 112)

thetia within 10 to 12 minutes after administration. It also produced excellent results when given to two patients who had hiccups during spinal anesthesia. This response may have been purely coincidental, he said, but it is worth further investigation.

Promethazine acts rapidly and produces an excellent degree of sedation of fairly prolonged duration. Few side-effects have occurred and it appears to be "extremely safe," Dr. Sadove concluded.



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*Steigmann, F., and Goldberg, E.: Ambulatory Continuous Drip Method in the Treatment of Peptic Ulcer, *Am. J. Digest. Dis.* 22:67 (Mar.) 1955.

†Mg trisilicate 3.5 gr.; Ca carbonate 2.0 gr.; Mg oxide 2.0 gr.; Mg carbonate 0.5 gr.

Polio Incidence Continues at Low Level

Poliomyelitis incidence in the United States is remaining at an unusually low level this year. Reported cases for the current disease year, April 1st to September 1st, were approximately one-half those reported during the equivalent period in 1955. As of September 1st, 7,827 cases had been reported as compared to 15,128 at this time last year.

California is experiencing a slightly higher incidence of poliomyelitis this current disease year than in 1955—1,048 cases as compared with 913. However, incidence declined during the two-week period, August 25th to September 8th, continuing for the second two-week period, an unusual down-trend for this time of the year. The number of cases for the four-week period, August 11th to September 8th, has fallen well below the five-year median as noted in the accompanying table.

The proportion of paralytic cases, though still somewhat higher than last year—64 per cent as compared with 52 per cent—also appears to be gradually declining. During August, 56 per cent of the reported cases were listed as paralytic as compared with 71 per cent in July.

Paralytic polio has been reduced 85 per cent for children who have received two inoculations or more. The total incidence of polio in the vaccinated

population has been reduced approximately 70 to 75 per cent.

Of 1,048 polio cases reported this disease year as of September 8th, only 134 (13 per cent) had received at least one inoculation of polio vaccine at some time prior to onset. Of 673 paralytic cases reported this year, 604 (approximately 90 per cent) had received no inoculation, 34 (5 per cent) had a single inoculation, and the remaining 35 (5 per cent) had two or more inoculations prior to onset.

It is estimated that only half of the children under 15 years of age in California have been vaccinated. Very few inoculations have as yet been given in the 15-19 and 20-40 age group. Increased effort to include these groups is desirable because approximately one-third of all poliomyelitis cases occur in people over 15 years of age.

TOTAL:	Two-week period ending		
	Aug. 11	Aug. 25	Sept. 8
1956.....	188	147	119
1955.....	97	152	122
Five-year median 1951-1955.....	197	230	297
PARALYTIC:			
1956.....	96	94	70
1955.....	44	70	69
Five-year median 1951-1955.....	128	140	182
PER CENT PARALYTIC:			
1956.....	51	64	59
1955.....	45	46	57
Five-year median 1951-1955.....	65	61	61

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